I. Bethesda System for Reporting Cervical/Vaginal Cytological Diagnoses:

- A. Specimen Adequacy
 - 1. Satisfactory for evaluation.
 - 2. Unsatisfactory for evaluation.
- B. General Categorization (optional)
 - 1. Negative for intraepithelial lesion or malignancy.
 - 2. Epithelial cell abnormality: see interpretation/result
 - 3. Other: see interpretation/result
- C. Descriptive Diagnosis
 - 1. Negative for intraepithelial lesion or malignancy
 - a. Organisms
 - (1) Trichomonas vaginalis
 - (2) Fungal organisms morphologically consistent with Candida
 - (3) Shift in flora suggestive of bacterial vaginosis
 - (4) Bacteria morphologically consistent with Actinomyces
 - (5) Cellular changes consistent with herpes simplex virus
 - b. Other non-neoplastic findings (optional to report; list not inclusive):
 - (1) Reactive cellular changes associated with
 - (a) Inflammation (includes typical repair)
 - (b) Radiation
 - (c) Intrauterine contraceptive device (IUD)
 - (2) Glandular cells status post hysterectomy
 - (3) Atrophy
 - c. Other:

Endometrial cells (in a woman > 40 years of age)

(Specify if "negative for squamous intraepithelial lesion")

2. Epithelial cell abnormality

- a. Squamous cell
 - (1) Atypical squamous cells (ASC)
 - (a) Of undetermined significance (ASC-US)
 - (b) Cannot exclude HSIL (ASC-H)
 - (2) Low grade squamous intraepithelial lesion (LSIL) encompassing: HPV/mild dysplasia/CIN I
 - (3) High grade squamous intraepithelial lesion (HSIL) encompassing: moderate and severe dysplasia, CIN 2 and CIN 3/ CIS with features suspicious for invasion (if invasion is suspected)
 - (4) Squamous cell carcinoma
- b. Glandular cell
 - (1) Atypical glandular cells (AGC)
 - Specify endocervical, endometrial or not otherwise specified (NOS)
 - (2) Atypical glandular cells, favor neoplastic
 - Specify endocervical or not otherwise specified (NOS)
 - (3) Endocervical adenocarcinoma in situ (AIS)
 - (4) Adenocarcinoma
- 3. Other malignant neoplasms (specimens)

II. Pap Smear Screening Guidelines

At the end of 2003, OPA instructed grantees to ensure that agency medical protocols and practices related to Pap smear screening correspond with current screening recommendations of one of the following professional organizations: American Cancer Society (ACS), American College of Obstetricians and Gynecologists (ACOG), or the US Preventive Services Task Force (USPSTF). From 2003 until 2010 CDPHE WHU had used the screening criteria of ACS. ACOG issued new cervical cytology screening guidance in a December 2009 clinical management guideline. Since WHU nursing policies utilize the ACOG guidelines for preventive periodic health assessments, it makes sense to also follow the ACOG cervical cytology screening guidelines. The table that follows outlines the new guidance for initiation and frequency of screening intervals.

	American College of Ob/GYN (ACOG)
Age to begin screening	Age 21, regardless of the age of initiation of sexual intercourse.
When to discontinue screening	Age 65-70, if she has had three or more normal Pap tests and no abnormal Paps in the last 10 years, and assessed for risk factors (e.g., multiple partners).
Screening Intervals	Ages 21-29, every two years regardless of whether conventional or liquid-based.
Screening Intervals for women over 30	Every 3 years at the discretion of the provider, and after three consecutive normal cytology results (unless immuno-suppressed, HIV positive, DES exposed, or previously treated for CIN2, CIN3, or cancer).
Screening Intervals for women with total hysterectomy	May discontinue all screenings (cervical/vaginal) if hysterectomy was done for a benign condition and no prior history of high-grade CIN. If there is a history of CIN II, CIN III or cancer, or endometrial cancer, annual screenings should continue for at least 20 years after treatment and after post treatment surveillance.
Use of HPV Testing in conjunction with screenings For recommendations for the use of high risk HPV testing in the management of abnormal Pap or biopsy results, please refer to the American Society for Colposcopy and Cervical Pathology algorithms referenced in Sections III and VIII below.	Should not be used for screening in women under 30 years. Low-risk women 30 years and older with both negative cytology and negative HPV should be re-screened no sooner than 3 years. The combined tests increases sensitivity but decreases specificity, which can result in increased costs.

Follow-Up of Abnormal Pap Reports

NOTE: Please refer to the American Society of Colposcopy and Cervical Pathology algorithms found at the following website:

http://www.asccp.org/pdfs/consensus/algorithms cyto 07.pdf

Please note that the f/u for women over 20 is different than for women 20 and younger. You are permitted by copyright law to print these algorithms and place them in this manual. The WHU has also provided your clinic with a set of all algorithms, in booklet format.

Many labs will recommend follow-up. Where the lab recommendations and CDPHE/WHU protocols differ, the agency must decide, through consultation with its Medical Director, what follow-up to pursue.

III. Patients Refusing The Recommendation For Colposcopy Follow-Up

- A. Document the refusal in the patient's chart.
- B. When a patient refuses colposcopy, cryotherapy or LEEP, the case should be reviewed by a consulting physician.

IV. Management Of Patients Reporting Previously Abnormal Pap Smears:

- A. If a patient provides a verbal report of an abnormal Pap smear (or colposcopy, cryotherapy, conization, or laser ablation) within the last year, efforts should be made to obtain medical records. Do an initial exam or a delayed exam as appropriate.
- B. If records cannot be obtained and the initial Pap smear is negative, patients shall have a repeat Pap smear six months later.
- C. If the initial Pap smear (through CDPHE/WHU) is other than negative, the patient shall be followed for the abnormality described, as outlined in the algorithms referenced in Section III above.

V. Abnormal Pap Smears and Hormonal Contraceptives

An abnormal Pap smear does not constitute a contraindication to hormonal contraceptives.

VII. Management of DES-Exposed Women

- A. Women who were born between 1940 and 1970 who were exposed to DES should be counseled about the potential risks, provided with DES information, and offered a baseline colposcopic evaluation, with iodine staining.
 - 1. Physiological changes that occur include circular ridges in the wall of the vagina, cervical hood, and cervical cockscomb, adenosis, or persistence of immature glandular epithelium in the vaginal walls and/or endocervix.
 - 2. Pap smear sampling should include 4-quadrant technique, (unless there is documentation of a previous normal baseline Colposcopy and 4-quadrant Pap smear). Using the spatula, scrapings are taken from the upper to the lower third of the vagina. These samples should be submitted on two slides. One slide should have the endocervical/ectocervical sample, and the rest of the four quadrant samples should be placed on the second slide.

- B. Examination of a DES exposed woman must include palpation of the vagina. Any unexplained vaginal or cervical mass or nodule detected on visual inspection or digital examination should be biopsied.
- C. A history of DES exposure or adenosis on a Pap smear is not a contraindication to the use of hormonal contraceptives.
- D. Follow up
 - 1. If the baseline colposcopy is negative, the patient may be followed with annual Pap smears (does not need to be four-quadrant), examination, and vaginal palpation.
 - 2. If the baseline colposcopic evaluation with iodine staining reveals minimal DES changes and the DES-based cytology is normal, the patient should have a four-quadrant Pap smear, examination, and vaginal palpation yearly.
 - 3. If any of the colposcopies reveal malignant changes at any time, the patient must be referred immediately for further evaluation and treatment.
 - 4. Any patient with an abnormal Pap smear must be examined and worked up in the same manner as a non-DES-exposed patient.

VIII. Post-Colposcopy Management

NOTE: Please refer to the algorithms from the American Society for Colposcopy and Cervical Pathology found at the following website:

http://www.asccp.org/pdfs/consensus/algorithms hist 07.pdf

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Many labs will recommend follow-up. Where the lab recommendations and CDPHE/WHS protocols differ, the agency must decide, through consultation with its consulting physician, what follow-up to pursue.